

## **Descriptive Results from the Short Turnover Survey Conducted for the Office of Long-Term Care of the NC Department of Health and Human Services**

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An important part of North Carolina's development strategy for the long-term direct care workforce is the acquisition of accurate and comprehensive turnover data. In this report, the generic term 'direct care worker' (DCW) is used to describe the entire class of unlicensed assistive personnel (both certified<sup>1</sup> and not certified) who work in long-term care organizations. DCWs usually provide the largest amount of the direct care to elderly and impaired individuals in a variety of residential and home settings. For the purposes of this report, long-term care (LTC) organizations are facilities and agencies that provide residential or non-residential care on a continuing basis to the elderly and disabled. Organizations profiled in this report are organized by the three Division of Facility Services licensure categories: 1) skilled nursing facilities (nursing homes), 2) adult care homes<sup>2</sup> (sometimes labeled as domiciliary care, rest home, assisted living facilities), and 3) home health, home care, or hospice agencies.

In order to collect appropriate information on the direct care workforce, a short staffing and turnover survey was included as an insert with the 2001 licensure renewal applications for each of the three types of licensed facilities/agencies. The Office of Long-Term Care of the NC Department of Health and Human Services commissioned the NC institute on Aging to compile, examine, and analyze these data. This report summarizes and compares DCW staffing and turnover for nursing homes, adult care homes, and home care, home health, or hospice agencies.

### **Results**

The short turnover survey provided information for analyses of DCW total staff size, quits, fires, and administrators' assessments of how much of a problem DCW turnover was for their facilities. Estimates of turnover from surveys are likely to be accurate since samples are large and high survey response rates were obtained from long-term care organizations: 1) nursing homes (74%, N=280), 2) adult care homes (41%, N=259), and 3) home health, home care and hospice agencies (67%, N=742). Turnover estimates represent the rate at which direct care workers are leaving voluntarily (e.g., quits), involuntarily (e.g., fires), and the overall rate at which these workers are leaving a given organization (both quits and fires). Organizational informants were also asked to assess whether or not they felt their organization had a DCW turnover problem.

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<sup>1</sup> Skilled nursing facilities and home health agencies require that certain tasks be performed by nursing assistants who are certified; these workers received training and are listed on the Nurse Aide Registry maintained by the NC Department of Health and Human Services.

<sup>2</sup> Family care homes serving 6 or fewer residents were excluded from the survey.

Average turnover (i.e. separation) rates are remarkably similar to the average long-term care turnover rates reported earlier for the year 2000 in the WIN A STEP UP executive summary (See Table 1). The nursing home total separation rate (102%) reported here is also similar to the estimate provided by the NC Health Care Facilities Association for 1999 (100%). These objective turnover measures suggest that the DCW turnover crisis has remained relatively unchanged over the last few years in NC. Most of the turnover in all types of organizations is voluntary and residential care facilities (i.e., nursing homes and adult care homes) experience significantly more turnover than do home health, home care or hospice agencies. Differences between point estimates from 2000 to 2001 are not statistically significant, however, the trends for adult care homes suggest a decline in the total and voluntary separation rates. The total number of DCW staff working varies across different types of long-term care settings. The average number of DCW staff working in nursing homes is 51 compared with 15 in adult care homes and 39 in home care, home health and hospice agencies. NC regional breakdowns reveal that turnover rates are high in all regions of the state.

<b>Table 1: Total, Voluntary, and Involuntary Separation Rates of Direct Care Workers, by Type Long-term Care Organization (2000-2001)</b>						
<b>Type of Organization</b>	<b>Total</b>		<b>Voluntary</b>		<b>Involuntary</b>	
	<b>Mean (Std Dev)</b>		<b>Mean (Std Dev)</b>		<b>Mean (Std Dev)</b>	
	<b>2000*</b>	<b>2001</b>	<b>2000*</b>	<b>2001</b>	<b>2000*</b>	<b>2001</b>
<b>Nursing Homes</b> N (2000) = 192 N (2001) = 271	100.3% (117)	102.6% (60)	70.8% (103)	68.2% (48)	31.4% (41)	35.7% (36)
<b>Adult Care Homes</b> N (2000) = 120 N (2001) = 233	119.1% (141)	112.7% (98)	87.6% (117)	80.1% (79)	35.5% (52)	35.5% (51)
<b>Home Care, Home Health, Hospice Agencies</b> N (2000) = 161 N (2001) = 638	50.4% (92)	50.4% (59)	33.6% (45)	38.8% (50)	18.1% (12)	12.2% (23)

\* Data were collected from organizational informants at 602 long-term care facilities / agencies in North Carolina by the WIN A STEP UP project. The four samples are stratified probability samples of these four types of organizations in North Carolina. The response rates were as follows: nursing homes (57%) adult care homes (44%) home health/home care agencies (44%), and hospice agencies (66%).

All types of long-term care organizations are affected by DCW turnover. According to the results from the 2001 short turnover survey, 78% of nursing home administrators, 60% of adult care home administrators and 43% of home health, home care and hospice agency executives report that turnover of DCW staff is a problem for their organization. Nursing homes appear to experience the most severe effects of DCW turnover crisis: 28% of nursing home administrators indicate that they have a "substantial problem" with DCW turnover, compared with 24% of adult care home administrators and 21% of home care, home health, and hospice agency directors. However, the percentage of organizational informants who perceive the turnover of DCWs as a problem in their long-

term care organizations has dropped dramatically (See Table 2). Nursing homes and home care, home health and hospice agencies show approximately a 10% drop while adult care homes reports decline by about 20% between the two surveys.

<b>Table 2: Percentage of Organizational Informants Who Perceive a Direct Care Worker Turnover Problem by Type Long-term Care Organization (2000-2001)</b>		
<b>Type of Organization</b>	<b>2000</b>	<b>2001</b>
<b>Nursing Homes</b> N (2000) = 192 N (2001) = 271	<b>90.7%</b>	<b>78.5%</b>
<b>Adult Care Homes</b> N (2000) = 120 N (2001) = 233	<b>81.1%</b>	<b>60.0%</b>
<b>Home Care, Home Health, Hospice Agencies</b> N (2000) = 161 N (2001) = 638	<b>54.3%</b>	<b>43.0%</b>

Both objective indicators and subjective reports confirm that turnover levels continue to be high among direct care workers in all sectors of North Carolina's long term care organizations. Administrators' perception of the severity of turnover of DCWs is likely to be a critical factor in initiating any type of strategic initiative aimed at decreasing turnover of these workers. Hence, the decline in turnover as a perceived problem for organizational informants across the board is especially noteworthy. Given that actual turnover has not changed much, administrators' perceptions may reflect their assessments of labor supply due to higher unemployment rates. In other words, turnover is not perceived as a problem when there is a ready supply of workers available for recruitment into vacant positions. Continuing surveys of facilities are underway to both monitor ongoing trends in turnover by type and location of facilities and also to assess the impact that interventions might have in reducing DCW turnover.